



# TRANSMITTAL FORM

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116448

EXPRESS MAIL NO.: EL917372155US

Application Serial Number	08/991,628
Filing Date	November 5, 1997
First-Named Inventor	Strominger
Group Art Unit	1644
Examiner Name	DiBrino, M.
Attorney Docket No.	HAR-001DV
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

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## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Two check attached \$945.00 & \$155.00 <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)  <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input checked="" type="checkbox"/> Applicant's Brief on Appeal to the Board of Patent Appeals and Interferences; Appendix A; Appendix B; Appendix C; and Appendix D (in triplicate)
<input type="checkbox"/> Amendment/Response  <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Inquiry  <input checked="" type="checkbox"/> Return Receipt Postcard  <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8  <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Petition for Extension of Time  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Amendment After Allowance  <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
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## SIGNATURE BLOCK

Respectfully submitted,  
  
Date: July 23, 2001  
Reg. No. 44,559  
Tel. No.: (617) 248-7103  
Fax No.: (617) 248-7100  
  
Maureen Bresnahan  
Maureen Bresnahan  
Attorney for Applicants  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
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# **FEE TRANSMITTAL** FY 2001

JUL 23 2001

Complete if Known

Application Serial Number 08/991,628  
Filing Date November 5, 1997  
First Named Inventor Strominger, et al.  
Group Art Unit 1644  
Examiner Name DiBrino, M.  
Attorney Docket No. HAR-001DV

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## METHOD OF PAYMENT

1. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.  
☐ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.
3. ☐ Applicant claims small entity status.

## FEE CALCULATION

## 1. FILING FEE

## Large Entity

Fee (\$)	Fee Description	Fee Paid
710	Utility filing fee	
320	Design filing fee	
150	Provisional filing fee	

Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =	x \$ 18.00 =	

Independent Claims	- 3 =	x \$ 80.00 =	
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☐ Multiple Dependent Claim(s), if any \$270.00 =

TOTAL:

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$)

## 2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	-	=	x \$ 18.00 =	
Indep.	-	=	x \$ 80.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$270.00 =	

TOTAL: (\$)

SMALL ENTITY DISCOUNT: (\$)

SUBTOTAL (2) (\$)

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for reexamination	
110	55	Extension for reply within first month	
390	195	Extension for reply within second month	
890	445	Extension for reply within third month	
1,390	695	Extension for reply within fourth month	
1,890	945	Extension for reply within fifth month	945.00
310	155	Notice of Appeal	155.00
310	155	Filing a brief in support of an appeal	
270	135	Request for oral hearing	
130	130	Petitions to the Commissioner	
50	50	Petitions related to provisional applications	
180	180	Submission of Information Disclosure Statement	
710	355	Filing a submission after final rejection (37 CFR 1.129(a))	
710	355	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (Specify)

Other fee (Specify)

SUBTOTAL (3) (\$ 1100.00)

SUBTOTAL (1)

SUBTOTAL (2)

SUBTOTAL (3) 1100.00

TOTAL (\$ 1100.00)

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Boston, MA 02110  
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Respectfully submitted,

Date: July 23, 2001  
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Maureen A. Bresnahan  
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Weight 1 lbs. 6.1 ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk's Initials	Total Postage & Fees \$ 16.25

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#### FROM: (PLEASE PRINT)

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BOSTON MA 02110-2725

ATTN: Maureen A. Bresnahan

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#### TO: (PLEASE PRINT)

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